AMEN	DED		_R	egistration District No		mary Regi	istration Dist	rict No.	2Registrar's N	o. 🏝 .				
 . 1 1			-	PLACE OF DEATH MA	AR 7 1962 JACKSON			<u>-</u>	2. USUAL RESID	-		ed. If institu		
ļ		H	-		rporate limits, give TOWN	SHIP only	y) Ler	ngth of stay in 15	c. CITY	200111		OROIDON	Inside 1	Limits
אורואסרס				TOWN KANSAS CITY 24 yrs		4 yrs	TOWN KA	i ^{ow} n Kansas City s			Yes	No !		
<u>.</u>			_	HOSPITAL OR	NOT in hospital, give loca	ition)		Inside Limits	J CYNEET		(15 guarida	give location)	·	
2				INSTITUTION	A HOSPITAL			Yes No	ADDRESS 393) Mer	cer		Yes 🗆	No
		1	_3	NAME OF DECEASED (Type or print)	First		Midd		Lest	4. DA	NTE Mo		-	(ear
	İ	1			THOMAS		HULB	ERT	MATKIN	DE	ATH FEBR	UARY 16		
			5	s. SEX	6. COLOR OR RACE		arried 🔲 dowed 🕮	Never Married [Divorced [. I				YEAR IF UNDI Days Hours	ER 2
			-10	MALE	WHITE (Give kind of work done		-		1 1-22-93 RY 11. BIRTHPLACE	(City and	•	12. CITIZE	EN OF WHAT CO	l WN1
11	Ì			during most of working Retired		1000			New Bo			l _	S.A.	
	ŀ		13	a. FATHER'S NAME		-	13b. MOTH	ER'S MAIDEN NA		000113	14. NAME OF			
				William F.			Mar	y Heaton			unk			
1					IN U.S. ARMED FORCES?				17. INFORMANT			Address		
			<u>''</u> ا	Yes	yes, give war or dates of WWII				VA HOSPIT	AL OF	FICAL RE	CORDS,		•
11				** *****										
				18. CAUSE OF DEATH PART I.	(Enter only one cause per DEATH WAS CAUSED BY	r line for	(a), (b), and	(c).	D77 + M770 + T				ONSET AND	ΕŤW
5		UMENT		18. CAUSE OF DEATH PART I.	(Enter only one cause per DEATH WAS CAUSED BY IMMEDIATE CAUSE (a	r line for	(a), (b), and NCHOPN	EUMONIA,	BILATERAL				INTERVAL BI ONSET AND	EŤW
5		OCUMENT			(Enter only one cause per DEATH WAS CAUSED BY IMMEDIATE CAUSE (a	r line for BRON	NCHOPN	EUMONIA,	 .	ል መናተ G	I LORE		INTERVAL BI	EŤW
3		DOCUMENT		Condition which ga	(Enter only one cause per DEATH WAS CAUSED BY IMMEDIATE CAUSE (a ons, if any, ave rise to	r line for BRON b) <u>CERE</u>	NCHOPN EBR AL	EUMONIA, INFARCTIO	ON, LEFT PA		L LOBE		INTERVAL BI	EŤW
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		DOCUMENT		Condition which gas above condition which gas above constrained if ying case PART II. 19. WAS AUTOPSY PERFORMED? YES NO DEPART NO DEPAR	(Enter only one cause per DEATH WAS CAUSED BY IMMEDIATE CAUSE (a one, if any, averise to cause (a), the underause last.) DUE TO (disease condition given	(c) GENE	EBRAL ERALIZ ONS CONTR	EUMONIA, INFARCTIO ED ARTER	ON, LEFT PA	to the ter	rminel PART	there a p	ONSET AND	DE DE
3		DOCUMENT	MEDICAL CERTIFICATION	Condition which gas above to stating the state of the sta	(Enter only one cause per DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) the under ause last.) OTHER SIGNIFICANT C disease condition given Month, Day, Year	r line for (2) BRON b) BRON c) GENE	EBRALIZ ERALIZ ONS CONTR	EUMONIA, INFARCTIO ED ARTER: BUTING TO DEA 206. DESCRIBE H	ON, LEFT PA	to the ter	rminal PART	there a g	ONSET AND assed was fem pregnancy in last No ART II of item 16	nale 90 Uni
		DOCUMENT	MEDICAL	Condition which gas above to stating the street of the str	(Enter only one cause per DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) one, if any, ave rise to cause (a), the undersease last. DUE TO (disease condition given to the cause last.) 20a. ACCIDENT SUICID Month, Day, Year	(c) GENE (c) GENE (c) GENE (d) GENE (d) GENE (e) GENE (e) GENE	EBRALIZ ERALIZ ONS CONTR	EUMONIA, INFARCTIC ED ARTER BUTING TO DEA 20b. DESCRIBE H	ON, LEFT PA	to the ter	rminal PART	there a p	ONSET AND assed was fem pregnancy in last No ART II of item 16	nale 90 Uni
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STATEMENT BY LICENSED EMBALMER

:	I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or b	у	, Student Embalmer No
work	king under my personal supervision.	John Sherold Bellerna
Stud	entSignature of Student Embalmer	- Some for old Childrend
		Licensed Embalmer No.
		no p

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.